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Fill	in this information to identify your	case:								
Del	btor 1 Robert Koo	h Eby, III			_					
	btor 2 buse, if filing)									
Uni	ited States Bankruptcy Court for the	ne: EASTERN DISTRICT	OF PENNSYLVANIA	L	_					
Cas	se number 20-13901-PMM				Check if this	s is:				
	nown)	-		☐ A suppl	An amended filing A supplement showing postpetition chapter 13 income as of the following date:					
0	fficial Form 106l					MM / DI	D/ YYYY			
S	chedule I: Your Inc	come							12/15	
spo atta	plying correct information. If you use. If you are separated and you has separate sheet to this form Describe Employmen	our spouse is not filing windless. On the top of any additi	ith you, do not inclu	de infor	mati	on about your	spouse. If I	more space is ne	eded,	
1.	Fill in your employment information.	Debtor 1	Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			□ Ei	☐ Employed			
		Employment status	☐ Not employed			□ N	Not employed			
		Occupation	Installer							
	Include part-time, seasonal, or self-employed work.	Employer's name	Cassel							
	Occupation may include studen or homemaker, if it applies.	t Employer's address	784 Fruitville Pik Manheim, PA 17	-						
		How long employed t	here? Septem	ber 202	20					
Pai	rt 2: Give Details About M	onthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	eport for	any	line, write \$0 in	the space. I	Include your non-f	iling	
	ou or your non-filing spouse have it e space, attach a separate sheet		ombine the information	n for all e	emplo	oyers for that pe	erson on the	e lines below. If yo	u need	
						For Debtor 1		Debtor 2 or Filing spouse		
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	4,506.6	<u> </u>	N/A		
3.	Estimate and list monthly over	rtime pay.		3.	+\$	848.2	25 +\$	N/A		

Official Form 106I Schedule I: Your Income page 1

5,354.92

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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Debtor 1	Robert Koch Eby, III		Case r	number (if known)	20-139	01-PMM	
			For	Debtor 1	For De	ebtor 2 or	
			For Debtor 1		non-filing spouse		
C	ppy line 4 here	4.	\$	5,354.92	\$		I/A
5. Li	st all payroll deductions:						
5a	. Tax, Medicare, and Social Security deductions	5a.	\$	1,466.23	\$	Ν	I/A
5b		5b.	\$	0.00	\$		I/A
50	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		I/A
50	. Required repayments of retirement fund loans	5d.	\$	0.00	\$	Ν	I/A
56	. Insurance	5e.	\$	0.00	\$		I/A
5f	•	5f.	\$	0.00	\$		I/A
50		5g.	\$	0.00	\$		<u> /A</u>
5h	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	N	<u>I/A</u>
6. A	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,466.23	\$	N	I/A_
7. C	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,888.69	\$	N	I/A
8. Li 8a	st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
	monthly net income.	8a.	\$	0.00	\$	N	I/A
8b		8b.	\$	0.00	\$		I/A
80	 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 	8c.	\$	0.00	\$	N	I/A
80	. Unemployment compensation	8d.	\$	0.00	\$	Ν	I/A
86	Social Security	8e.	\$	0.00	\$	N	I/A
8f	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N	I/A
80	· ·	8g.	\$	0.00	\$		I/A
8ł		_ 8h.+	\$	53.58	+ \$		I/A
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	53.58	\$		N/A
10 C :	alculate monthly income. Add line 7 + line 9.	10. \$		3,942.27 + \$		N/A = \$	3,942.27
	Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ. Ψ-		σ,942.27		Ιν/Α – Ψ	3,342.21
In ot De	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your ner friends or relatives. onot include any amounts already included in lines 2-10 or amounts that are not a specify:	depend		•	•	nedule J. 11. +\$	0.00
W	dd the amount in the last column of line 10 to the amount in line 11. The res rite that amount on the Summary of Schedules and Statistical Summary of Certai plies	12. \$_	3,942.27				
							nbined othly income
13. D ∈	o you expect an increase or decrease within the year after you file this form' No. Yes Explain:	?					

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